

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp	Page <u>1</u> of <u>4</u>
For Official Use Only	
JULY 1, 2019 PMB:16	
CITY CLERK'S OFFICE	

<p><b>(Government Code Sections 84200-84216)</b></p> <p><b>SEE INSTRUCTIONS ON REVERSE</b></p>		<p><b>Statement covers period</b></p> <p>from <u>07/01/2018</u></p> <p>through <u>12/31/2018</u></p>	<p><b>Date of election if applicable:</b> (Month, Day, Year)</p> <p><u>11/03/2020</u></p>
<p><b>2. Type of Statement:</b></p> <p><input checked="" type="checkbox"/> <b>Preelection Statement</b></p> <p><input checked="" type="checkbox"/> <b>Semi-annual Statement</b></p> <p><input type="checkbox"/> <b>Termination Statement</b> (Also file a Form 410 Termination Statement)</p> <p><input type="checkbox"/> <b>Amendment (Explain below)</b></p>			
<p><b>1. Type of Recipient Committee:</b> All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee</p> <p><input type="checkbox"/> State Candidate Election Committee</p> <p><input type="checkbox"/> Recall (Also Complete Part 5)</p> <p><input type="checkbox"/> General Purpose Committee</p> <p><input type="checkbox"/> Sponsored</p> <p><input type="checkbox"/> Small Contributor Committee</p> <p><input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee</p> <p><input type="checkbox"/> Controlled</p> <p><input type="checkbox"/> Sponsored (Also Complete Part 6)</p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)</p>			

3. Committee Information			
<u>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)</u> Mike Cordero for Council 2020		I.D. NUMBER 1390366	
STREET ADDRESS (NO P.O. BOX) 2151 S College Dr Ste 101			
CITY	STATE	ZIP CODE CA 93455	AREA CODE/PHONE (805) 922-4881
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS arvhee@ao1.com			
NAME OF TREASURER Trent Benedetti			
MAILING ADDRESS 2151 S College Dr Ste 101			
CITY	STATE CA	ZIP CODE 93455	AREA CODE/PHONE (805) 922-4881
NAME OF ASSISTANT TREASURER, IF ANY			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			

#### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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Signature of Treasurer or Assistant Treasurer

By John C. Coker

, **Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor**

By ——————

Executed on \_\_\_\_\_ Date \_\_\_\_\_

**FPPC Form 460 (Jan/2016)**  
**FPPC Advice:** [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866)275-3772  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1324 Ruby Ct.	Santa Maria	CA	93454

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES     NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES     NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
-----------------------------------	-----------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
-----------------------------------	-----------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
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ATTACHMENT SHEET

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cordero for Council 2020

Statement covers period from <u>07/01/2018</u>	CALIFORNIA FORM <b>460</b>
through <u>12/31/2018</u>	Page <u>3</u> of <u>4</u>
	I.D. NUMBER <u>1390966</u>

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	<i>Schedule A, Line 3</i>	\$ <u>0.00</u>
2. Loans Received .....	<i>Schedule B, Line 3</i>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	<i>Add Lines 1 + 2</i>	\$ <u>0.00</u>
4. Nonmonetary Contributions .....	<i>Schedule C, Line 3</i>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	<i>Add Lines 3 + 4</i>	\$ <u>0.00</u>

**Expenditures Made**

6. Payments Made .....	<i>Schedule E, Line 4</i>	\$ <u>54.15</u>	\$ <u>401.65</u>
7. Loans Made .....	<i>Schedule H, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	<i>Add Lines 6 + 7</i>	\$ <u>54.15</u>	\$ <u>401.65</u>
9. Accrued Expenses (Unpaid Bills) .....	<i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment .....	<i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE .....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>54.15</u>	\$ <u>401.65</u>

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ <u>6,312.33</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ <u>0.00</u>	
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ <u>0.00</u>	
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ <u>54.15</u>	
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>6,258.18</u>	
	<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED .....	<i>Schedule B, Part 2</i>	\$ <u>0.00</u>	
<b>Cash Equivalents and Outstanding Debts</b>			
18. Cash Equivalents .....	<i>See instructions on reverse</i>	\$ <u>0.00</u>	
19. Outstanding Debts .....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</u>	

SUMMARY PAGE

**CALIFORNIA  
FORM  
460**

Statement covers period  
from 07/01/2018  
through 12/31/2018

Amounts may be rounded  
to whole dollars.

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I.D. NUMBER  
1390966

Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections

1/1 through 6/30      7/1 to Date  
20. Contributions      \$ \_\_\_\_\_  
Received      \$ \_\_\_\_\_  
21. Expenditures      \$ \_\_\_\_\_  
Made      \$ \_\_\_\_\_

Total to Date

Date of Election  
(mm/dd/yy)  
\$ \_\_\_\_\_

Expenditure Limit Summary for State  
Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

\*Amounts in this section may be different from amounts  
reported in Column B.

**Schedule E  
Payments Made**

**Amounts may be rounded to whole dollars.**

<b>Schedule E</b>		<b>CALIFORNIA FORM 460</b>
<b>Payments Made</b>		<b>Statement covers period</b>
		from <u>07/01/2018</u>
		through <u>12/31/2018</u>
		Page <u>4</u> of <u>4</u>
		I.D. NUMBER <u>1390966</u>
Amounts may be rounded to whole dollars.		
SEE INSTRUCTIONS ON REVERSE		
NAME OF FILER		
Mike Cordero for Council 2020		

<b>CODES:</b> If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
MP	campaign paraphernalia/misc.
CNS	campaign consultants
CB	contribution (explain nonmonetary)*
CV	civic donations
CL	candidate filing/ballot fees
FL	fundraising events
ND	independent expenditure supporting/opposing others (explain)*
ND	legal defense
EG	campaign literature and mailings
IT	
MCR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b>	campaign paraphernalia/misc.
<b>CNS</b>	campaign consultants
<b>CON</b>	contribution (explain nonmonetary)*
<b>CIB</b>	civic donations
<b>CYC</b>	candidate filing/ballot fees
<b>FIL</b>	fundraising events
<b>IND</b>	independent expenditure supporting/opposing others (explain)*
<b>ND</b>	legal defense
<b>LEG</b>	campaign literature and mailings
<b>PRT</b>	print ads
<b>MBR</b>	member communications
<b>MTG</b>	meetings and appearances
<b>OFC</b>	office expenses
<b>PET</b>	petition circulating
<b>PHO</b>	phone banks
<b>POL</b>	polling and survey research
<b>POS</b>	postage, delivery and messenger services
<b>PRO</b>	professional services (legal, accounting)
<b>RAD</b>	radio airtime and production costs
<b>RFD</b>	returned contributions
<b>SAL</b>	campaign workers' salaries
<b>TEL</b>	t.v. or cable airtime and production costs
<b>TRC</b>	candidate travel, lodging, and meals
<b>TRS</b>	staff/spouse travel, lodging, and meals
<b>TSF</b>	transfer between committees of the same candidate/sponsor
<b>VOT</b>	voter registration
<b>WEB</b>	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA INC.	PRO		54.15
151 S College Dr Ste 101			
Santa Maria, CA 93455			

Payments that are contributions or independent contributions must also be submitted on Schedule D.

## Schedule E Summary

- |  |                         |              |
|--|-------------------------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ .....\$ .....        | 54.15        |
| 2. Unitemized payments made this period of under \$100   | \$ .....\$ .....        | 0.00         |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                     | \$ .....\$ .....        | 0.00         |
| <b>Total payments made this period (Add lines 1, 2 and 3. Enter here and on the Summary Page Column A   line 6.)</b> | <b>\$ .....\$ .....</b> | <b>54.15</b> |